



P.O. Box 31595 • Bellingham, WA • 98228
Phone/Fax: 360-671-3509 • www.animalsasnaturaltherapy.org

Day Camp Registration 2025

Participant Name: _____ Date of Birth: _____

Pronouns (optional): _____ Weight: _____ Height: _____ (for riding purposes)

School Attending: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email Address: _____

Parent or Guardian (if applicable): _____

Address/Phone (if different from above): _____

In case of emergency, contact: _____ Phone: _____

contact: _____ Phone: _____

Liability Release:

I, _____ (Participant's name) would like to participate in Animals as Natural Therapy programs. I acknowledge the risks and potential for risks of horse and farm activities. However, I feel that the possible benefits to myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Animals as Natural Therapy, Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Animals as Natural Therapy programming. I understand that these programs may include therapeutic counseling.

Date: _____ Signature: _____

Participant or Guardian

Photo Release, Please Choose and Sign One Option:

I hereby consent to and authorize the use and reproduction by Animals as Natural Therapy of any and all photographs and any other audiovisual materials taken of me for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Participant or Guardian

I **DO NOT** consent to and authorize the use and reproduction by Animals as Natural Therapy of any and all photographs and any other audiovisual materials taken of me for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Participant or Guardian

Participant's Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Animals as Natural Therapy to secure and retain medical treatment and transportation if needed.

Full Name: _____ Phone: _____

DOB: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, and medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____

Participant or Guardian

Print name: _____

Address: _____ Phone: _____

Equine Assisted Learning (EAL)

EAL is an experiential, skill-building modality that partners people with equines to grow and develop social and emotional skills. Participants take part in horsemanship activities like leading and grooming that allow participants to practice behaviors and responses with real-time, non-judgemental feedback from their equine partner. In EAL day camp, two PATH Certified Equine Professionals and volunteer mentors help participants find takeaways from their learning that they can apply to other areas of their life. We also incorporate small animal (goat, rabbit, chicken, cat, and dog) activities. This camp will help participants build confidence, tools, and strategies needed to make healthy, helpful choices off the farm. EAL is not clinical mental health therapy, therapists are not on site.

I understand that Summer Camp at Animals as Natural Therapy is not a clinical mental health therapy program.

I understand that therapists are not on site.

Signature: _____ Date: _____

Parent or Guardian

Participant's Medical History

Complete information is needed to ensure instructor awareness and sensitivity to participant's behavior and needs and will not be used to screen out participants.

(Explain "yes" answers below)

	Yes	No
1. Any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Chronic recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had head injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
8. Chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Back problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Orthodontic appliance or headgear being used?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any skin problems (e.g., allergies, rash, hives)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
15. Asthmatic?	<input type="checkbox"/>	<input type="checkbox"/>
16. ADD/ADHD diagnosed?	<input type="checkbox"/>	<input type="checkbox"/>
17. Short or long-term memory impairment?	<input type="checkbox"/>	<input type="checkbox"/>
18. Tendencies toward emotional/violent outburst or inflicting harm to self, others or animals?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the question.

Date of last Tetanus:
Known allergies: Reaction to bee stings:
Medications that will be taken during visits or to be aware of in case of an emergency:
Is there any health reason to limit your activities?
Is there any general health concern not listed that would be helpful for us to know?
Any diet restrictions?



Rain or Shine Policy

Animals as Natural Therapy programs operate rain or shine. In the case of inclement weather or natural disaster ANT staff will contact you at least 2 hours prior to your committed time to cancel.

I have read this policy and understand that I am committed to showing up for camp unless ANT has cancelled.

Name of responsible party: _____

Signature of Responsible Party: _____ Date: _____

Participant Financial Agreement

Payments in full are requested to reserve a spot. Full payment can be made through the link on our Day Camp website page- be sure to select the correct week. Payments can also be made by calling our office or mailing a check. If you are unable to pay in full at time of registration, please contact Katie Rohwer at program@animalsasnaturaltherapy.org to set up a payment plan. A \$25 non-refundable application fee will be due with your completed registration paperwork if you do not pay in full. This fee will be applied towards the total price of camp.

Prices for ANT's Day Camps are as follows: \$460 for half day camps, \$775 for full day camps

Cancellation and Refund Policy:

We understand that life happens, regardless of best laid plans. Summer camps are put into action based on enrollment expectations. Refund amounts are based on how far in advance your cancellation is made. *Specific refund requests may be made due to family or medical emergencies.*

- 50% refund before June 15, 2025
- No refunds after June 15, 2025

I have read this policy and understand that I am responsible for payment of this account.

Name of participant: _____

Name of responsible party: _____

Signature of Responsible Party: _____ Date: _____